

The
Dental Assistant



VOLUME 3 • DECEMBER, 1934 • NUMBER 12

The Dental Resistant

At eight-forty-five she comes in chewing
At nine A.M. there's plenty doing . . .
The towels aren't out,
Doctor's in a pout;
The instruments are dirty,
Patient waiting since eight-thirty.
No clean jacket, no X-Ray packet . . .
Oh, Good heavens!

Now the sterilizer is singing
The phone starts in ringing.
You can hear down thru the halls
As "Hello", she gruffly calls,
"Yes this is the office of Dr. Booth.
Sure, he'll be glad to pull your tooth.
Tomorrow at nine, corner Peachtree and
Pine" . . .
Oh, dear!

She forgot to get the patient's name.
Well, "she would get it when he came."
Though they're already running late
She takes time out to make a date.
When the Doctor needs the air—
Miss Looney isn't at the chair.
The tooth is getting hotter,
But she forgets to "skeet" the water . . .
Goodness, Me!

Miss Looney! Where is the novocaine?
Can't you see the patient is in pain?
And by the shades of Jacob Aster—
Can't you move just a little faster?
Stop your talking in the hall
And bring me the dentocol
Before I begin to swear, or even pull my hair!
Now what?

The X-Ray pictures are not fixed,
The cement is too stiffly mixed,
The laboratory is just a mess,
She can find nothing on her desk,
The books are not kept up to date,
She leaves the office early and comes in late,
She thinks her operation
Should entertain the patient,

That's not all—

She hates to do the things she must,
Never quite removes the dust,
Gets the message all wrong,
Her conversations are much too long,
As to appearance, she's a sight—
Doesn't get enough sleep at night.
Her hair is frowsy,
Her eyes are drowsy,
It's a shame!

The statements are not out when they
should be.
The alloys are not mixed as they could be;
Her hands seem ever soiled;
The handpiece much too well oiled—
The oil splatters up his coat,
It's enough to get his goat.
Since the day she came, she has been tired.
She doesn't know yet why she was fired!

* * *

By J. KATHERINE MOORE, Atlanta, Ga.
Past Secretary, Georgia State D. A. Assn.
1102 Ponce DeLeon Ave., N. E.

Merry Christmas
and a
Happy New Year To All



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C O N T E N T S

“The Dental Resistant”—J. Katherine Moore.....	Inside Front Cover
“Sterilization”—Berte K. Holden.....	158-160
“Leaders of Tomorrow”—Mabel A. Lyon.....	160-162
“Assisting in the Operating Room”—Dr. M. E. Peters.....	163-165
“Editorial Department”.....	166-167
“Question Box”—Elizabeth V. Shoemaker.....	168
“Is There a Santa Claus”—.....	169
“This and That”—Ethel Whitenton	170-171
“Secretary’s Corner”—Lucille S. Hodge.....	171
“Calendar of Meetings”..Vivian C. Sherman.....	172-174

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STERILIZATION

By BERTE K. HOLDEN, R.N., Los Angeles, Calif.



CHE CONTRIBUTIONS of Dr. Joseph Lister, English Physician and of Louis Pasteur, French Chemist, along the lines of Sterilization and Asepsis, have made possible modern medicine and surgery. Even before the work of Pasteur on fermentation and putrefaction, Lord Lister had been convinced of the importance of scrupulous cleanliness and the usefulness of deodorants in the operating room: he realized that the formation of pus was due to bacteria, he proceeded to develop his antiseptic surgical methods, the immediate success of which led to their general adoption. Before this time the skill of the best surgeons was often completely nullified by the infections which followed in the simplest operations, leaving surgery in a state of chaos. Even the smallest of present day offices of medical and dental practitioners make provision for the sterilization of instruments and dressings, and a visit to any modern clinic or hospital shows very elaborate preparation for the maintenance of asepsis.

The knowledge of the use of commercial sterilizers, although an essential part of this study, is not primarily a study of sterilization; but a knowledge of the principles upon which is obtained the death of the micro-organism, is the necessary foundation for the successful carrying out of a program of asepsis. One intrusted with the maintenance of sterility of instruments and dressings, must know something about infection and how it is transmitted. The study of this phase of sterilization has been grossly neglected in the training, so far available, to the Dental Assistant.

The factors involved in infection are: The resistance of the tissue under stress and a living inciting object. No infection can take place where the resistance of the host is high enough to combat the incit-

ant. It is only when the virulence of the inciting organism exceeds the resistance of the tissues that infection takes place. This resistance is dependent upon three factors; namely, chemical, biological and physical. The mucous membrane and the outer coat of the skin are composed of epithelial cells. This coat being vascular, if unbroken and of good tone, acts as a physical barrier against invading organisms. Infection may be due to low resistance of the tissues when an organism of average virulence may invade it, or it may be due to the presence of an organism of extremely high virulence. Except in the presence of organisms of extremely high virulence, or where too many organisms are introduced, infection will not result in the underlying vascular tissue that is properly nourished and if the blood contains the chemical substances which act chemically upon the bacteria and their toxins. Bacteria vary a great deal in their disease producing power. The usual organisms, for instance those causing acne, are of low virulence and a marked low resistance of the tissues is necessary for infection. But the organism producing pneumonic plague is of extremely high virulence and almost any individual may be readily infected. A helpful agent is the "White Cells" of the body, especially the polymorphonuclears, often known as the fighting cells, because they engulf the invading organism and try to digest it. The mucous membranes of the mouth have a very high specific resistance due to the presence of bacteria in high concentration. These tissues are vaccinated continuously by the presence of micro-organisms with the result that the antibodies are very high. However, there is danger of introduction of strange bacteria in the oral cavity, so it is necessary to exercise great care that germs from one mouth are not carried into another. Why? — Well, due to varying

degrees of tolerance, the host could bear one strain of say Vincent's Spirella without any visible sign of degeneration while another strain of the same bacteria introduced into a foreign mouth would lead to all the pathology in Vincent's Disease.

Healing usually takes place without any difficulty in the mouth, even in the presence of bacteria, which is a very fortunate condition, for the dental practitioner, since complete sterilization of the field of operation in the oral cavity is practically impossible. However, it is always desirable to have as much deduction of the number and virulence of bacteria as possible so that healing will be promoted. Aseptic mouth washes and stronger chemical agents can be used and at times, the ultra violet ray may precede an operation; the latter agent proving beneficial as a post-operative treatment especially in drysockets. The simplest form of sterilization is the boiling method. All non-spore forming pathogenic bacteria being destroyed before the boiling temperature is reached, while some pathogenic spores are destroyed at boiling point, some requiring ten to fifteen minutes of actual boiling. Keeping instruments at too high a temperature or too long a time, draws the temper of steel, thus destroying the cutting edge. Boiling instruments from one to two minutes provides a margin of safety or five minutes in a steam bath not under pressure. Fifteen minutes at fifteen pounds pressure is not to be recommended for cutting instruments, nor is the combined method of dry and moist heat. There are two other methods of sterilization of instruments and dressings. Chemical agents and ultra-violet light, although the latter method has not proven successful as yet in instrument sterilization.

Almost all methods of destroying bacteria act upon the albumen of the protoplasm of the bacteriological cell causing coagulation. This can be shown by using a test tube of concentrated albumen and one of dilute, being placed in a hot water bath at a temperature at which

coagulation takes place, it will be found that the dilute albumen coagulates at a much lower point than the concentrated. This same principle applies to the destruction of bacteria, as when coagulation takes place in the bacteria, the cell can no longer function and death results. The albumen in the protoplasm of the cell structure of bacteria is dilute in the active stage and concentrated in the spore forming stage, so that it takes more heat or stronger chemicals to destroy the *spore form* of bacteria. Sterilization by moist heat has a tendency to dilute the albumen with resulting coagulation and death of the cell at lower temperature than with dry heat, proving that moist heat at high temperature is the most efficient form of sterilization. Chemical sterilization is good only when sufficient time is provided and there is no deterioration of the chemicals, the time depending upon the strength and type of chemical. The instruments must be rinsed in distilled water and dried. Gaseous sterilization is used for rendering safe such things as clothing, bedding, etc., in a sick room and requires too long a time to be of practical use.

All chemical agents do not have a germicidal action. A specific germicide is one that acts efficiently against a certain organism and can be used in a comparatively weak solution. Antiseptics are weak germicides which inhibit the growth of bacteria with no resulting destruction of tissue. Swabs and glassware are best sterilized with dry heat, dressings should be placed in an Auto-Clave, the size of the dressings determining the time. One should always be able to differentiate between *sterilization* and *disinfection*. *Disinfection* applies to the destruction of bacteria and their toxins by chemical means, and a germicide is applied to the destruction of bacteria without reference to the bacterial toxins. *Sterilization* strictly used applies only to destruction of bacteria by heat. Complete sterilization refers to destruction of bacteria and their spores, while incom-

plete sterilization applies to destruction of the vegetative stage without the death of the spore. Intermittent sterilization is destruction of bacteria and spores by heating a short time daily for several days, the temperature depending upon the material to be sterilized. Pasteurization is the destruction of pathogenic non-spore forming bacteria in a liquid media. The best way to render safe for use contaminated clothing or bedding is by placing in the sunlight.

Since maintenance of asepsis, with attendant sterilization of instruments and dressings, plays such an important part in the successful outcome of any surgical operation, constant care, vigilance and a systematic routine are indis-

pensable for the success of the undertaking. The nurse who guards her patient from the deadly foe, pathogenic bacteria, has proven the medium for saving thousands of lives. While it behoves us to be constantly on the alert for any means of learning new and improved methods in carrying on our work, it is equally necessary to be extremely careful about trying out the use of chemicals presented, before they have been proven not only practical but efficient. By constant application and study we can make ourselves invaluable to our employer, saving him and our patients untold discomfort; thus proving ourselves an asset instead of a liability in this important field of our work.

2267 West 31st St.

LEADERS OF TOMORROW

By MABEL A. LYON, Past President, Los Angeles Dental Assistants Association.
Given Before The A.D.A.A. Meeting, St. Paul, Minn., August 7th, 1934.

THE American Dental Assistants Association is now celebrating its tenth year of existence and has become an important factor in the modern dental practice and the great health program which is being carried on by the dental profession through its many channels. Necessarily, every organization or every effort must have its beginning. Our beginning may have been humble but of our progress, we are not ashamed. The medical nurses were half a century accomplishing organization sufficient to impel their registration as trained medical nurses, therefore, surely the dental assistants should feel encouraged with the progress which has been made during their short existence as an organization. What we, in our beginning, hoped to do is clearly set forth, in simple words, in our Constitution and By-Laws, Article Two, under the caption "Object," to wit:—"To aid in the advancement and

elevation of the dental profession, by encouraging white women, employed as dental assistants, in ethical dental offices, to form societies whereby they may secure the educational advantages of lectures, clinical demonstrations, discussions and instruction in the details of their duties; to bring to its members a realization of the responsibilities that accrue to them in their relation to the public; to inspire its members with a desire to render more efficient service and to be truthful, honest and loyal to the profession which they serve; to create a feeling of fellowship and cooperation among its members and promote among them a desire for mutual improvement." Indeed, an accomplishment of which we could be justly proud. To attend a meeting such as our association is holding here in St. Paul in connection with the meeting of the American Dental Association, could not but spur us on in our effort

to fulfill in every detail, our Object or Purpose.

"Education" is our keynote! Education in its fullest meaning! Education for the benefit of ourselves and for the benefit of those whom we serve; however, education without application would mean little. Newton D. Baker, former Secretary of War, says, "The man who graduates today and stops learning tomorrow is uneducated the day after." The Educational program which we, as an association, hope to inaugurate, we believe to be a comprehensive, constructive and practical effort which can be applied to the work of the Dental Assistant of today and is also a plan which can be expanded into a larger scope which we hope will eventually become one of well-organized effort under the sponsorship of dental educational institutions, from which source we believe such training should emanate. We have received the suggestion from some of the Deans of Dental Colleges that the training of the Dental Assistant and the Dental Hygienist be incorporated as one and taught as such. In giving this matter thorough consideration and upon the advice of several members of the dental profession, we do not believe that combining the work of the Dental Assistant and Dental Hygienist would prove to be generally practical in the average dental practice today, since the duties are separate and distinct and could not be carried out advantageously by one person in the busy dental practice. The young woman who is fulfilling her position as an efficient Dental Assistant would find little time to absent herself from her duties as such to perform her duties as a Dental Hygienist, and vice versa. This along with other reasons leads us to believe that this type of training would not be practical. The training which would be necessary to cover both fields would necessarily increase the time of such training and only in a few instances would be of practical value.

One dean has said (facetiously, we hope) that "dental assisting is only a stop-gap between high school and marriage." We might call his attention to the many members of our association who have been happy to remain in this calling over a long period of years, even twenty-five to thirty years and who have been recipients of special honors in the way of the Loyalty Trophy bestowed each year by the American Dental Assistants Association for longevity of service. A very practical suggestion has been offered by one of our deans which is not over-ambitious, and might well be the laying of a corner-stone for the creation of a profession for young women wishing to enter the field of the Dental Assistant, or might we say, the Dental Nurse. The suggestion offered is, "the establishing of a summer course to extend over a period of eight to twelve weeks. An eight week course might begin immediately after July 4th and be completed about the first of September":—such a course to embrace the very fundamentals of the work of the Dental Assistant. The American Dental Assistants Association, through its Committee on Curricula, under the Chairmanship of Juliette A. Southard, in 1931 proposed a course to be instituted in dental schools and colleges based on a full school year. This, however, might be condensed to extend over a shorter period of time and consist of the subjects most essential as a beginning of such training. It would obviously be very beneficial to the young women wishing to enter the field of the Dental Assistant to have the basic knowledge of what her work might consist. Such a program as this, we feel would discourage the haphazard commercial training which exists today in so many communities and would place such training in proper profession channels, which could not help but be recognized and endorsed by the Dental Profession at large. The type of commercial training which is being promoted is very misleading to those whose ambition it is to enter

this type of service. Often times, young women are led to believe that having taken a course of instructions in these so-called institutions, they are qualified professional women and thus assured of employment upon graduation. However, this is not the case, as these institutions are not recognized creditable professional institutions and therefore offer no recommendation whatsoever to the ethical dental profession.

Dentistry itself had a very humble beginning and all that was necessary for the Degree of Doctor of Dental Surgery was to spend a very limited time under the tutorship of an already recognized practitioner of Dentistry. This type of training soon proved inadequate and, from time to time, the educational requirements were advanced until now, to enter the field of dentistry, it is necessary to spend four to five years in intensive study and training in recognized and accredited institutions. The Dental Assistant is today receiving her training in the same way, as dentists did in the beginning under the tutorship of an individual practitioner without great regard for a prescribed course of training. Even with this limited training and experience, she has become an invaluable asset to the dental profession. We do not believe that we are presuming too much to feel that the requirements which will be made of the Dental Assistant, or the Dental Nurse, in the future, will necessitate a type of training far superior to that which, up to this time, has been available and we believe that such a program as we have suggested may be the next step forward to the ultimate well recognized course of training which is our hope, and which will place us in the realm of trained professional women. Dentistry has expanded its field of service to humanity far beyond that of yesterday and likewise the demands which are being made upon the Dental Assistant, in her field of usefulness, are equally greater. Are we, the Dental Assistants of the Future, going to prepare

ourselves for this service which we, and we alone, can give? The foundation which we of the present, lay for the training of Dental Assistants will accrue to the benefits of those young women who are to be the Dental Assistants of Tomorrow. It will therefore, behoove us to lay this foundation well that it will meet the demands of the future needs of the dental profession. Until such time as we may have available a course of training for the Dental Assistant, or the Dental Nurse, in recognized and accredited dental institutions (which we hope will not be in the far future) it obviously will be necessary for the constituent societies, through their Educational Committee, to institute and promote such courses of study as will most nearly meet the demands of our calling. Dental Assistants availing themselves of these opportunities can not but be inspired to more efficient service and cooperation with the dental profession, and in turn, this inspiration cannot but impress the dental profession with our sincerity and honesty of purpose. It is our hope that the members in each district, and especially those in which recognized dental schools are located, will enlist every effort in helping to carry out such an educational plan as may be approved by the schools and our association.

In our march of progress, one of the most outstanding steps was the advent of our own journal. When a year ago, recommendation was made and subsequently adopted, that "The Dental Assistant" be made the official organ of the American Dental Assistants Association, it was with the intent and purpose that through this medium, closer cooperation and greater interest in all activities among all societies be established. To maintain this cooperation, we should feel it our duty and pleasure to contribute, in every way possible, to this journal, keep it alive as it were, as this medium of exchange can surely further our purpose, that of keener interest and closer fellow-

(Turn to Page 165)

ASSISTING IN THE OPERATING ROOM

By DR. MAURICE E. PETERS, Boston, Mass.

ASSISTANCE in operating is a tremendous help to the doctor. There are so many things which one pair of hands can't do well and so many ways for an assistant to simplify and speed up the operating, that I should feel entirely lost in attempting to operate without an assistant in constant attendance. There is rarely a time when her help is not needed and these few times are entirely inadequate for her upkeep of cabinet and supplies. Office arrangement should be given considerable thought by the assistant as well as the doctor. Having instruments for each operation so arranged and grouped that the opening of one drawer or removal of one tray produces all the instruments required for the operation, is a timesaver of great importance. For instance, if everything which is used in injecting novocaine, syringe, novocaine ampules, cotton rolls, swabs, applicators, aconite and iodine, etc., are grouped on one tray, how easy it is to get all quickly. The same principle may be applied to practically every operation which the dentist is called upon to perform. A tray, containing everything needed for the application and removal of the rubber dam, which may be removed from the cabinet drawer and placed in an accessible place, is of great help in facilitating and speeding up the application and removal of rubber dam. The tray should contain rubber dam already cut, clamp forceps, napkins, scissors, ligatures already cut, artery forceps for holding dam or removing ligatures, ligature cutter, pliers and an instrument for carrying ligatures near the gum margin. In each office the methods of operating differ, so the grouping of instruments should vary according to the needs of the operator you work with. Other groupings in my own office are operating instrument tray, impression and bite drawer for inlays or crowns, inlay setting

tray, soldering tray, prophylaxis drawer, gold foil drawer and plastic instrument drawer.

You should try to familiarize yourself with the names of all instruments so they can be asked for by name. We have tried in our office to simplify this by marking each group of instruments with some distinguishing mark and numbering each instrument in the group. In this way it is possible to ask for and have passed to me any instrument I may wish. Such a system makes it possible for an assistant to play an active and almost continuous part in each operation. It is frequently possible to prepare a cavity without ever looking away from the tooth. The instruments are asked for by name and number as required, and the assistant removes one, and replaces another in the hand without my having to lift my eyes to look for or at an instrument. Cabinets should be so arranged that the things the doctor may wish to remove from them are convenient to him, while the things the assistant uses and gets from the cabinet are at the other end. This avoids conflict between doctor and assistant, should both wish to get something from the cabinet at the same time. Two cabinets, one for the assistant and one for the doctor, help considerably in this respect.

I would like to say something about short cuts and time-savers in assisting. There are no short cuts in dentistry, but plenty of time-savers. One of the most outstanding time-wasters is an attempt to sterilize instruments between every appointment. There should be instruments enough so that sterilizing once, or at most twice a day should be ample. The cost of additional instruments is saved every week in time. Other time-saving helps are: having all instruments ready for use when and where needed, keeping a supply of stones and discs

constantly mounted on mandrels for both straight and right angle handpiece, keeping gutterpercha for temporary fillings or wedges, cut in various sizes; having wooden matrix wedges cut in proper shapes and lengths; having strips in proper widths with one end bevelled for threading into interproximal spaces; having burs and stones always mounted in bur blocks so there is no reaching into cabinet drawers or packages for them; having articulating paper cut in proper sizes for use; having compound cones for inlay impressions already made, wax with tinfoil for bites ready for use, cotton balls in individual glass dishes, cotton rolls or bibulous paper already cut, dental napkins cut in convenient sizes, swabs made and medicines properly labelled. These, along with proper grouping of instruments and a good assistant anticipating the doctor's needs save both doctor and patients a goodly amount of time.

The arrangements of instruments on the working table while operating is important. If instruments, (plastic instruments, for instance) are always placed on the table in the same order, it is much easier to find them than if placed in any haphazard order. Mine happen to be numbered and are always placed No. 1 on the left, then 2-3-4 and 5, so no time is wasted looking for any particular instrument. This should apply to all instruments placed on the working table, always in a definite order. You should learn enough about teeth so as to be able to chart cavities as their location may be stated to you during an examination by the doctor. This requires that you know the names of the teeth, and their surfaces and understand your charts. You should be able also to record the completed work on a permanent record chart. The examination slip, permanent record card, x-rays and everything concerning the patient which the doctor may need while the patient is in the office, should be kept in one envelope and carefully filed. You should understand read-

ing x-rays well enough to at least know the location in the mouth and be able to mount them in mounts. You may easily learn to take and process x-rays. The dental supply houses have demonstrators who will gladly teach you if the doctor does not. The technique of properly mixing cements, silicates and amalgams is not as simple as it seems and the instructions of the makers may be had through their demonstrators.

When the patient enters the room and is greeted by the doctor, you seat the patient, adjust the chair and tie on a bib for dress protection. The instruments for the operation should be ready. Perhaps novocaine, root canal instruments, rubber dam tray or inlay tray; but always mirror, pliers, explorer and napkin. A clean drinking glass and saliva ejector should be in place. Let us assume that the operation to be performed is a cavity preparation for an inlay, lining it with cement, taking an impression and bite for same and sealing the cavity with gutterpercha. How can you help? The doctor wants an angle handpiece and #1/2 bur. You can get it for him while he gets the patient's mouth open and adjusts absorbents. When he starts to work, you place the saliva ejector in the mouth, he asks for #1 bur which you pass him and then blow chips while he cuts. (Be careful not to blow chips toward the throat). The #1 is followed by a #557 which you pass him and continue blowing chips away while he cuts with the bur. He asks for a #1 chisel which you pass with one hand while with the other you take away the handpiece. A #2 chisel is asked for which you pass him and take away the #1. (Remember you have two hands and they both will work). Further instruments, as needed, are passed into the doctor's hand and removed and placed in a rack on the bracket table. Cement is asked for, you mix it and have it ready with an instrument for placing it in the cavity by the time he has sterilized and dried the cavity. Other plastics are placed on

the table for shaping the cement lining. The cement is soon hard and some discing of edges is to be done. A mounted disc is passed to the doctor and others placed so they are accessible to him. You, realizing it is nearly time for the impression, open the impression and bite drawer and remove band, matrix, compound cones, vaseline, crown scissors, band stretchers or anything he may need for the impression. He prepares and adjusts the matrix while you heat the compound cone and coat it with vaseline; he forces it to place in the cavity while you get the saliva ejector and cold water syringe for chilling the impression. He removes the impression, you remove the saliva ejector and soften the wax bite. He takes the bite while you select a piece of guttapercha of suitable size for the cavity, warm it and shape it. He dries the cavity and picks up a pledget of cotton while you get the chloro resin for painting the cavity. He rewarms the guttapercha and fills the cavity while you put away the chloro resin, impression materials, etc., and write a slip with the patient's name to go along with the impression and bite to the laboratory. You see, you have been just as busy as the doctor and have been of great help in saving the time of both doctor and patient. This is only one operation and my way of doing it, but if you watch the doctor you work with, you can soon anticipate his every need and have everything ready when and where he needs it. The same helpful assistance can be given in almost every operation performed.

The details of opening and closing the office I won't discuss, but the office should be left at night in such condition that if an emergency should arise, it will be ready for the doctor to go to work, if necessary. This also saves time in the morning.

60 Charlesgate West.

LEADERS OF TOMORROW

(Continued)

ship within our own societies and throughout the whole American Dental Assistants Association. Cooperation between constituent societies and the parent organization should be more seriously instituted and maintained. Just as we as individuals are insufficient unto ourselves so is each society insufficient unto itself. We need the cooperation of all the societies with each other. Further, to continue our progress with sincere perseverance and in our organized effort to bring the Dental Assistant into the realm of the trained professional woman, may we be ever mindful of our earnestness of purpose, "to more efficiently, harmoniously and loyally cooperate with the dental profession."

708 W. P. Story Bldg.

FRIENDS

"Friends—I would not have them be
Just thus and so: or more like me.
I like them as they are.

Each brings me something, oh so far
Above what I can hope to be—
I want them as they are.

I do not want to change their ways,
Nor yet in order set their days;
But find in each such help and
strength,
Because—they are all different.

One brings me vision of the stars.
Another, from her hearthstone bright
The wisdom of a mother's life.
And still, from one who travels far
I view the mountains' lofty peaks,
Or desert sand; strange city streets.

So, may they ever find in me
One patient, true sincere, and free
To give both love and sympathy
For thus in giving, I shall be,
A Friend."

Submitted by Mary Thatcher.

Seattle, Washington.

The Dental Assistant

A Monthly Publication

A Journal for Dental Assistants Devoted to Their Interests and Education
Monthly publication of the A.D.A.A. A Journal for Dental Assistants Devoted to their Education and Interests and to the Efficient Conduct of Dental Offices. Publication of all statements, opinions, or data, is not to be considered as an endorsement of same by magazine or its publishers.

DECEMBER, 1934

EDITORIAL DEPARTMENT

WHAT PROFIT DENTAL ASSISTANTS?

IN the days of long ago, before dentistry had taken its place as an important factor in preventive medicine, the dental assistant was a negligible quantity, and the dentist thought himself quite capable not only of performing the operations incidental to the scientific side of his practice, but also thought he should do the multitude of duties which are a part of all dental operations, but which in this day and age are assigned to the dental assistant. In those "good old days" the uneducated public thought of the dental office as a necessary evil, (and alas! even to-day, some still believe that) a place where amidst the dust of ages and the debris of countless previous operations, the dentist performed the "black magic" of his art. Fear, distrust, doubt, suspicion, antagonism, prejudice, etc, etc, held sway in the patients' minds, and were seemingly ignored or overlooked by the dentist who did little or nothing to dispel them. Fortunately, a few progressive men did eventually recognize the need of bringing to their calling the dignity commensurate to its importance in the great healing art of medicine, and slowly but surely, there grew in the minds of many the thought that a "Jack of all trades was master of none", and out of this thought has grown the up-to-date progressive dental office where it is no longer considered sufficient to be on hand (sometimes) to pull an aching tooth or stop up a hole with a filling of sorts.

SERVICE TO HUMANITY in its broadest sense, is now the endeavor of the dentist of to-day, who has the interest of his profession at heart. His ideals are to make that SERVICE of the greatest value to those who come to him for help. This is an age of progress; to have everything well done, one must apply one's best efforts to one's task, whatever it may be. Dentistry is no exception, therefore "What Profit Dental Assistants?" A dental assistant is profitable in many ways, not the least value is the moral effect upon the patient of having at hand a gracious, tactful, neat appearing woman, one who is capable of intelligently creating an atmosphere of confidence and safety. Parents send their children to an office employing such a person without the least fear or questioning for their safety and care.

The careful supervision of a competent and conscientious dental assistant brings to the office an atmosphere that cannot be attained without her, quite

impossible to estimate in value in "coin of the realm." She is the hostess of the office, she welcomes and speeds the parting guests, and does her best to create in the patient's mind a feeling of personal interest and an appreciation of their patronage. Like all good hostesses, she sees to it that her house is always in the best of order. CLEANLINESS is the slogan of all efficiently conducted offices, and the fear of infection does not hold the patient in its clutches when a trim, spotlessly garbed dental assistant is the "watch dog" of the sterilizer. Aside from the foregoing, the assistant is the greatest factor in TIME SAVING. Much has been said and written on this subject, but the old adage, "Time is Money" tells the story without much further elaboration: suffice it to say that anything or anyone that can increase the productivity of an office, is profitable. The competent assistant stands between the dentist and time wasting details, disturbances and interruptions, countless in number in the course of the day, that consume valuable minutes and hours which could better be used in direct dental service, research, and educational development. At the chair side, the assistant brings another pair of hands and another brain, to expedite the work of the operator, and her sympathetic close touch with the patient is of great assistance in calming their nervous fears, which every dentist knows are wasters of time and energy. In her various other occupations about the office, laboratory, X-ray Room, the assistant is invaluable. For any dentist to spend precious time on such duties or tasks that a dental assistant can do as well, (and sometimes better) is to deliberately waste his income producing time. Summing it all up briefly "Is the dental assistant valuable?"—I say she is; so much so, that her value cannot be measured in dollars and cents.

Just try a good, capable dental assistant Doctor and tell me if I am mistaken.

Juliette A. Southard.

YOUNG NICK

"Twas a night before Christmas and all through the house,
Not a creature was stirring, not even a mouse.
(And except for 'Ma's kerchief and I in my cap',
All the opening incidents happened to hap
As the late Clement Moore described them Lang Syne,
For his Christmas Eve vision was mine to this line)
'When what to my wondering eyes should appear'
But a khaki clad youth with his cap on his ear
And a whole raft of bundles piled up in his arms,
Who was yelling and stamping and raising alarms,
While a motor truck near took a share in the din.
'For the love o' Mike! Say, ain't dey nobody in?
Here's six bundles from Sellems and three C. O. D.
Hurry up and come down. W'at yer say? Hully Gee!
Sure I know its past midnight, but w'at kin we do?
We just gotter deliver dese things and git through.
Ain't it harder for us guys, old dear, dan fer you?
So I slipped on my bath robe and ran to the door
And apologized humbly and paid the full score,
And I vowed, if it still was my luck to be here,
That I'd get a move on and 'SHOP EARLY' next year."

T. A. Daly.



QUESTION BOX*

ELIZABETH V. SHOEMAKER

Kew Plaza, Kew Gardens, N. Y.



Q. Do you advise placing an amalgam mixture just made, on a piece of rubber dam?

A. No. The rubber dam has a sulphur content which would tend to darken the amalgam.

Q. If the Secretary-Assistant writes a letter, how should it be signed?

A. If the letter is a strictly personal one by the dentist to a friend, or to a patient, the dentist should sign it. If it is one written as part of the routine correspondence of the office, the secretary can sign it with her own name, adding "Secretary to Dr. Blank." The matter of signatures must be decided by the dentist employer.

Q. Please tell me what the difference is between a dental hygienist and a dental nurse?

A. The dental hygienist has had a special course of training in a dental college, in Dental Hygiene. She is licensed in various states to practice her specialty which includes giving prophylactic treatments. "Dental Nurse" is a name given to any young woman who assists the dentist. In Toronto Canada, at the dental school

connected with Toronto University, there is a special course of training given for young women assistants and they are designated as "Dental Nurses."

Q. How do you answer a patient who asks you to recommend a tooth paste or mouth wash?

A. This must be decided by your dentist employer. We however believe that it savors of commercialism to recommend any trade product, the simplest way out of this difficulty is to say "if you will carefully brush your teeth as Dr. Blank has shown you, you can use any of the standard products on the market."

DO YOU KNOW—

that excess mercury expressed from amalgam mixes, can be saved in a container, purified at a low cost and used again?

DO YOU KNOW—

that a few drops of albolene in your sterilizer will help keep the inside of it bright and shining?

DO YOU KNOW—

"Nearly 80 per cent of all drinking water consumed in the United States, is treated with liquid chlorine to destroy harmful bacteria?"

*We announce a new Editor for this department, beginning with the next issue—Miss Mae Dickinson, 3558 Zumstein Street, Cincinnati, Ohio. Please send her your questions and suggestions by December 20th.

IS THERE A SANTA CLAUS?

The SPIRIT OF CHRISTMAS is a universal Spirit, and each year since the foundation of our Journal, believing that this spirit symbolizes HOPE, FAITH, GENEROSITY, DEVOTION, and LOVE, we have reprinted the following prose poem which first appeared in the "New York Sun", September 21st, 1897, and which each year this great newspaper prints on its editorial page usually the day before Christmas. It is a literary gem which will never grow old, and is always well worth reading over. With its author, who long since has gone to his reward, I say again—"There is a Santa Claus!"—(Editor.)

WE take pleasure in answering at once and thus prominently the communication below, expressing at the same time our great gratification that its faithful author is numbered among the friends of THE SUN:

"DEAR EDITOR—I am 8 years old.

"Some of my little friends say there is no SANTA CLAUS.

"Papa says 'If you see it in THE SUN it's so.'

"Please tell me the truth, is there a SANTA CLAUS?"

"VIRGINIA O'HANLON

"115 West Ninety-fifth street."

VIRGINIA, your little friends are wrong. They have been affected by the skepticism of a skeptical age. They do not believe except they see. They think that nothing can be which is not comprehensible by their little minds. All minds, VIRGINIA, whether they be men's or children's, are little. In this great universe of ours man is a mere insect, an ant, in his intellect, as compared with the boundless world about him, as measured by the intelligence capable of grasping the whole of truth and knowledge.

Yes, VIRGINIA, there is a SANTA CLAUS. He exists as certainly as love and generosity and devotion exist, and you know that they abound and give to your life its highest beauty and joy. Alas! how dreary would be the world if there were no SANTA CLAUS! It would be as dreary as if there were no Virginias. There would be no childlike faith then, no poetry, no romance to

make tolerable this existence. We should have no enjoyment, except in sense and sight. The eternal light with which childhood fills the world would be extinguished.

Not believe in SANTA CLAUS! You might as well not believe in fairies! You might get your papa to hire men to watch in all the chimneys on Christmas eve to catch SANTA CLAUS, but even if they did not see SANTA CLAUS coming down, what would that prove? Nobody sees SANTA CLAUS, but that is no sign that there is no SANTA CLAUS. The most real things in the world are those that neither children nor men can see. Did you ever see fairies dancing on the lawn? Of course not, but that's no proof that they are not there. Nobody can conceive or imagine all the wonders there are unseen and unseeable in the world.

You tear apart the baby's rattle and see what makes the noise inside, but there is a veil covering the unseen world which not the strongest man, nor even the united strength of all the strongest men that ever lived, could tear apart. Only faith, fancy, poetry, love, romance, can push aside that curtain and view and picture the supernal beauty and glory beyond. Is it all real? Ah, VIRGINIA, in all this world there is nothing else real and abiding.

No SANTA CLAUS! Thank God! he lives, and he lives forever. A thousand years from now, VIRGINIA, nay, ten times ten thousand years from now, he will continue to make glad the heart of childhood.

THIS AND THAT

ETHEL WHITENTON, *Editor*, 906 Exchange Bldg., Memphis, Tenn.

THE Philadelphia association feels highly honored to have one of its members "The First Lady" of the A. D. A. A. A tea was given in her honor November 24th. SPEAKING OF HONORS reminds us that our brides continue to come in for their share. Among whom are Mrs. Belle Rose of Little Rock, now Mrs. H. F. Lawrence; Edith Lockner of Hollywood; Mrs. E. L. Akin; Allentown, Penn., adds these: Mrs. Carolyn Rymon Meyer, Mrs. Kit-tie O'Hazen Duffey and Mrs. Clara Kohler Hoffner. Irene Archambeau gave a shower for Agnes Holker, Toledo bride-elect. Billie Baker, Chattanooga, is now Mrs. A. B. Marshall of Poughkeepsie, N. Y. Our very best wishes to you all.

Ruth Rogers and Evelyn Kemp make fine hostesses at tea. Do they make sandwiches? I'll say they do. A "Merit Cup" is being offered by Ethel Runge to the Toledo assistant doing most for her society this year. Lois Tanner broke into print in her uniform and a write-up in their newspaper recently. A campaign for new members has been declared by Mary Whitley and Abbie Pryor, Birmingham. Mary Jones is their new reporter.

Music and Costumes added to the "Book Review" given by Mrs. Roy Green, Lincoln, Neb., on "Full Flavor" by Doris Leslie. Dorothy Woodward and Betty Cook were hostesses at a party in Lincoln, Neb. With sincerest regrets we note the illness of Edith Weinhart, Trustee, who is unable to continue her duties at present. **FRANCIS ROGERS**, Georgia is as "Good as New" after a minor operation; Marie Shaw is about again, and Mrs. Kenny Crissy is greatly improved.—"Speaking of operations" in Detroit?—Oh, that's Madeline Walsh

and Edna Schuman. Ola Lundy, Memphis is improved. Phoebe Hayes and Katie McConnell have nice new shiny offices. (Green Envy). Mrs. Edith Worth gave a party honoring Marjorie Longman, N. J., who left for a six months visit to California. Elizabeth Forsyth, Seattle, president, gave a dinner honoring the new officers. It was grand. Cramers Hall was the scene of a Bridge party given by the San Diego girls, and the San Diego assistants entertained Mabel Lyon and Viola Holmes of Los Angeles with an enjoyable dinner party. Lucretia O'Neal is filling the president's chair for Mildred Dowd who is moving to Long Beach.

Fifteen are enrolled in the Seattle Red Cross Course. The Hollywood girls netted \$20.00 profit from a recent theatre party. Little Rock, Ark., girls are on their toes after refreshing trips. They are threatening to take all of the honors at the next A.D.A.A. meet. Neely Best has returned from Florida and New Orleans; Jennie V. Reed visited Bella Vista and Mfs.; Doris Barnes went to Chicago; Lena Hartner to St. Louis and Mfs.; and Doris Ostner to Hot Springs. These girls are plenty full of pep. Misses L. Humberg, L. Weiner, N. Hotchkiss and Edna Leland were royally treated in Frederick, Md., where they presented a clinic. Misses Helen Burcaw and Carol Seachrist both from Bethlehem are prospective members for the Lehigh Valley, Pa., Society.

The Chicago Dental Assistants have a full program for the year. This windy city offers splendid opportunities for interested assistants. About 300 dentists and assistants were invited to attend a meeting in Baltimore where Dr. J. Ben Robinson, Dean of Baltimore College of Dental Surgery, U. of

M., was speaker on "The Early History of Dentistry in Maryland." It was a gala meeting. Refreshments were served and inspiration given many attenders. As we go to press, we learn that Juliette A. Southard is going to Coral Gables, Florida, in a new position. We wish her every success. She will be executive secretary and office manager in the new 18-room bungalow office of Dr. Lindsey D. Pankey. We congratulate the doctor on having secured her services.

As the holiday season approaches and greetings are extended you all from all the girls of the various societies, your "Walter Winchell," Ethel Whitenton, wishes to add her message of love and appreciation to every one of you. Your loyalty and assistance have made this column a pleasure to her. May your Christmas be the merriest ever and the New Year bring joy with such abundance that it will be difficult to contain. May 1935 bring health and prosperity.

SECRETARY'S CORNER

LUCILLE S. HODGE, 401 Medical Arts Bldg., Knoxville, Tenn.

To Members of the A.D.A.A.:

I am sure we all want to make 1935 an outstanding year in the history of our organization. One way to do this is to pay our dues promptly. Dues will be due the first day of January, 1935; \$1.75 which includes your subscription for "The Dental Assistant." The president of every society has received a letter from Katherine Carr, Manager, of "The Dental Assistant" urging them to send in their subscriptions to this office by January 1st. The Staff of "The Dental Assistant" is doing a wonderful work, and we ask the cooperation and financial support of each member. We must have it if we are to succeed.

Attention, Secretaries.

Your General Secretary is anxious to keep a complete and correct mailing list and will appreciate your cooperation in reporting changes of officers of state and component societies.

When mailing in dues please make checks payable to "American Dental Assistants Association" and include the exchange fee. Thanks.

New Societies:

We are happy to welcome a new state society into our midst. Kansas State Dental Assistants Association. The officers are: President, Joe Cramer, Topeka, Kansas. Secretary, Mrs. Julia Stone, 900 National Bank of Topeka Building, Topeka, Kansas.

We are also very happy to welcome Nedra Lewis of Lehi, Utah, into our Association as an independent member. Miss Lewis is associated with Dr. W. L. Worlton.



CALENDAR OF MEETINGS*



VIVIAN C. SHERMAN, 1519 Washington Building, Tacoma, Washington

ALABAMA

Birmingham D. A. Assn.

Meeting, Dec. 4, 1934.

Place, Office of Dr. D. L. Massey.

Clinic, "Cotton and Gauze."

Clinician, Abbie Pryor.

Social Hour, Abbie Pryor, hostess.

A contest is on, come and help your side win.

Meeting, Dec. 18, 1934.

Place, Britling's No. 1.

Speaker, Dr. Charles O. King.

Topic, "Common Pathological Conditions of the mucous membrane of the mouth."

Dr. King is an outstanding man. We are honored to have him with us and urge every girl to be present.

Business meeting.

ABBIE PRYOR, 418 Medical Arts Bldg.

CALIFORNIA

San Diego County D. A. Soc.

Meeting, Dec. 24, 1934, 7:30 P.M.

Place, Bank of America Building.

Program, Due to the proximity of the holidays, this will be a brief meeting.

The subject, "Personality."

ROBERTA STEIMKE, Chm. Publ., 1206 First National Bank Building.

GEORGIA

Fifth District, Atlanta, Ga.

Meeting, Dec. 11, 1934, 6 P.M.

Place, Atlanta Dental Assembly Room, 815 Candler Building.

Principal Speaker, Mrs. Alice Denton Jennings.

Topic, "Surveying the Shapes and lines of the Hands."

Speaker, Dr. J. Russell Mitchell.

Topic, "The True Meaning of Christmas." This will be our annual Christmas Frolic, with a brilliantly lighted Christmas tree, a Real Santa Claus, and gifts for every one, sponsored by our membership committee. (We are striving to keep every member busy this year.)

KATIE McCONNELL, Chm. Publ., 808 Candler Building.

MICHIGAN

Detroit D. A. Soc.

Meeting, Dec. 4, 1934, 7:15 P.M.

Place, 1312 Eaton Tower.

Nomination of Officers.

Discussion, "How can we improve our Dental Assistant Society?"

Meeting, Dec. 18, 1934.

Place, 1312 Eaton Tower.

Election of Officers.

Christmas Program.

Dental Anatomy classes held every second Wednesday of each month. Drs. Charles Lane and Kyprie have kindly offered the use of their laboratories. Let us show our appreciation by having 100 per cent attendance at these classes.

CORINNE NORAM, Chm. Publ., 2577 Van Dyke Avenue.

NEBRASKA

Lincoln D. A. Assn.

Meeting, Dec. 4, 1934, 7:30 P.M.

Place, Cornhusker Hotel.

Subject, Study Club of "Dr. Build a Better Practice," by Mr. E. P. Perrine.

LILLIAN BURCHAM, 1016 Stuart Bldg.

Omaha D. A. Assn.

Meeting, Dec. 11, 1934, 7:30 P.M.
Place, 310 Omaha L. & B. Assn. Bldg.
Speaker, Dr. C. J. Davis.
Topic, "Correct Tooth Brushing."
MARY HANEY, Pres., 2210 1/2 Military Avenue.

NEW JERSEY

Essex County D. A. Soc.

Meeting, Dec. 11, 1934.
Place, The Clipper Ship.
Seventh Anniversary Dinner.
Informal talks by members.
Miss C. GRIMM, Publ. Chm., 302 Pamona Ave.

NEW YORK

Educational and Efficiency Soc. for D. A. 1st Dist., N. Y. City.

Meeting, Dec. 11, 1934, 7:45 P.M.
Place, E. R. Squibb Bldg., 745 Fifth Ave.

Program, To be announced.

Invitations are extended to our neighboring societies to be our guests on this evening.

Clinic Club will meet on December 5th.

ESTHER KAHN, Chm. Publ., 440 East 6th Street, N.Y.C.

The D. A. Study Club, 2nd District New York.

December Study Class,
December 7, 1934, 8:30 P.M.
Place, 2nd Dist. Dental Soc. Clinic Rooms, 62 Hanson Place, Brooklyn, N. Y.

Round Table Discussion by Members.
Subject, "Interchange of Ideas."

Meeting, Dec. 21, 1934, 8:30 P.M.
Place, Same as above.

Social evening.

OREGON

Portland D. A. Soc.

Meeting, Dec. 4, 1934, 7:15 P.M.
Place, 622 Selling Building.
Program, Christmas "Fun Nite."
HARRIET G. HAMANN, Chm. Publ., 1003 Selling Building.

Southern Willamette Dist. D. A. Soc.

Meeting—Dec. 17, 1934, 6:30 P.M.
Place—Residence of Dr. W. B. Lee,
1137 Washington Street.
Speaker, Dr. W. B. Lee.
Topic, "Dental Anatomy."
Buffet Dinner.
Entertainment, Games.

HELEN LUMAN, Publ. Chm., 257 Tenth Ave., East, Eugene, Oregon.

WASHINGTON

Tacoma D. A. Soc.

Meeting, Dec. 7, 1934, 7:30 P.M.
Place, Residence of Vivian C. Sherman, 4024 North 36th Street.
Christmas Party.

CATHERINE CHURCHILL, Pub. Chm., 1005 Rust Building.

TENNESSEE

Chattanooga D. A. Soc.

Meeting, Dec. 10, 1934.
Place, Commercial Bank Building.
Speaker, Emily Ann Hudson, Hygienist.
Topic, "Ideal Dental Diet."
BEULAH CLINE, Chm. Publ., 911 Hamilton National Bank Building.

Memphis D. A. Assn.

Meeting, Dec. 18, 1934.
Place, Hotel Peabody.
Dinner, 7:30 P.M.
Annual Installation of Officers, Ray Thompson, Hostess. Program and Attendance Prize.

Wishing the many contributors to this column a Very Merry Christmas. May Santa Claus fill your stockings, Christmas morn, with:

Interesting and Novel Programs.
Hosts of New Members.
New Ideas for Financing your Society.
Abounding Enthusiasm.
Loyalty.
A Better Understanding and a Closer Association with Your Fellow Members.

(Turn to Page 174)

Good Assistants

are becoming more important in the increasing appreciation of dental service.

PYCOPE' INC.

Joplin, Mo. New York City

Write us for

Pycopé' Tooth Powder
for your personal use and approval.

CALENDAR OF MEETINGS (Continued)

I ask Santa Claus to please leave in my stocking:

A contribution to "Calendar of Meetings" from every associate Society of the A.D.A.A. And please, Santa, won't you always have this data in my stocking by the third of the month preceding the program, unless otherwise notified in the "Dental Assistant"?

And I promise in return to be your loyal and faithful servant.

MERRY CHRISTMAS TO YOU ALL!—Vivian Sherman.

NOTICE TO CONTRIBUTORS

The next issue of our Journal will be a combined one for January-February. Please send all data to various departments by the 20th of December and include January and February items. YOUR ATTENTION TO THIS REQUEST WILL BE APPRECIATED.

"When writing or talking to advertisers, please mention 'THE DENTAL ASSISTANT'—Our advertisers help support our publication, please support them.—Thanks."

Tired Tissues

Three o'clock in the afternoon may not be a convenient time to use Ipana, but at this hour the vitality of mouth tissues is at a low ebb—the tissues are tired.

The entire oral cavity is benefited by Ipana. It not only cleans the teeth and brings out their natural brilliance, but its stimulating effect wakes up lazy gums. Ipana tones and strengthens them and the tingling after feel is highly refreshing to tired soft tissues whether it be in the afternoon, morning or night.

IPANA TOOTH PASTE

Hygiene of the Intestine

The regular elimination of waste products is a necessary adjunct to prophylaxis in treating certain oral disturbances.

Calcareous deposits, salivary debris, thick ropy saliva yield to the corrective influence of Sal Hepatica.

Sal Hepatica is a mild effective laxative and eliminant. It follows up prophylactic treatment of the "vestibule" with a healthy cleansing of the intestinal tract.

SAL HEPATICA

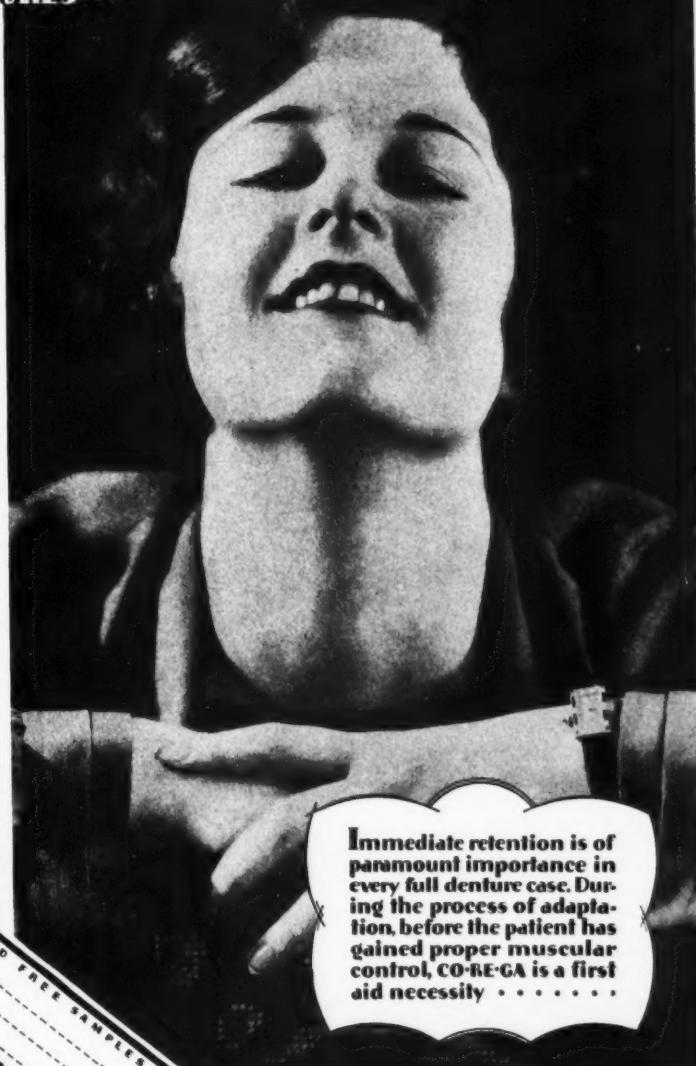
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THE PERFECT
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paramount importance in
every full denture case. Dur-
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tion, before the patient has
gained proper muscular
control, CO-RE-GA is a first
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DR. *PLEASE SEND FREE SAMPLES FOR PATIENTS*
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MAIL COUPON FOR YOUR SUPPLY



This Symbol Should Mean Much to You

You will find it in dental operating rooms and laboratories wherever dentistry is practiced — on dental operating chairs, units, instruments, cements, porcelains, amalgam alloys, precious metals, numerous appliances; in fact, on almost everything used in a dental operating room and laboratory.

It is on instruments perhaps that it will mean most to you. Not very long ago an eminent dentist while speaking to a group of fellow practitioners said, "To find a new instrument which will enable us to do easily what we could never do before does as much good as acquiring some coveted old book, some rare bit of china, or a valuable print—it enriches our practice. Here is such an instrument—an S. S. White Tarno No. 1. I do not hesitate to call it perfect. Note the poise of the whole instrument, the angles at which the blades leave the shaft, the tapering end, the beautiful finish, so that it is a delight to handle. There is a touch of genius in its shapeliness. Here is the quest accomplished."

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J & J CLOGLESS SALIVA EJECTOR
A convenience to you — a comfort to patients. It can't clog — the lip prevents soft tissues from being drawn into the ejector. Single tube — easy to clean. Get information.



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Soft, folded cotton pads, cut to fit the contours of the face. A comfort to patients, they prevent excess moisture seeping from the mouth under the dam. Send for samples.



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These finely made absorbent points provide in most convenient form the required sterile absorbent for the final drying of the root canal.

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Send me trial samples of Rubber Dam Napkins Absorbent Points and Clogless Saliva Ejector

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That's why You should use

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Send for the booklet on the Care of the Dental Handpiece, and a free sample of Sterodent Cleanser.

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A condition, not a theory

While data may be confusing as to the etiology of dental caries, none of it invalidates the fact that uncleanness of the tooth surfaces, which will sustain the activity of acid-forming bacteria, predisposes to dental caries.

It is generally conceded that factors of uncleanness contribute toward gum diseases. Therefore, mouth cleanliness is a scientific problem of paramount importance in the prevention of caries and gum diseases.

It is therefore of prime importance that the dentifrice your patients use is as effective a cleansing agent as safety will permit.

More than ten years of scientific research have been devoted by E. R. Squibb & Sons to a better understanding of this problem. Squibb Dental Cream meets the essential requirement for a safe and effective dentifrice.

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